

Editorial

Genitourinary Medicine

As a reflection of the changing nature of clinical practice within the specialty, it has been decided to change the title of the journal from *British Journal of Venereal Diseases* to *Genitourinary Medicine* with effect from January 1985. In the United Kingdom only some 15% of the patients who attend departments of genitourinary medicine have "classic" venereal diseases—syphilis, gonorrhoea, or chancroid. This contrasts with the situation some 60 years ago when the journal was first issued, when more than three quarters of the workload of clinics consisted of the management of the statutory venereal diseases. Both the Royal Colleges of Physicians and the Department of Health and Social Security have long since changed the name of the specialty to genitourinary medicine.

Over the past decade there has been a steady increase in the numbers of patients attending clinics with so-called non-specific genital infection (NSGI), viral diseases, and with "other conditions requiring treatment".

The *British Journal of Venereal Diseases* has published numerous excellent articles on the aetiology, epidemiology, clinical features, diagnosis, and treatment of NSGI. However, few papers pertaining to the complications of the condition, particularly in women, have been received from workers other than genitourinary physicians. Most studies on pelvic inflammatory disease have appeared in gynaecological journals to which a considerable number of physicians may not have easy access. It is felt that a change in the title of the journal would attract more papers on pelvic infection in women from gynaecologists and others who might not

consider submitting material to a journal which they may think is concerned solely with the venereal diseases.

If, as appears likely, sexually transmissible viral infections play a part in the aetiology of genital malignancy, it would be valuable for practising genitourinary physicians to learn of relevant recent advances in the various aspects of the study of these malignancies as rapidly as possible.

These are two examples of areas of study from which original articles would be welcomed. In general, in addition to the publication of articles on the sexually transmitted diseases, it is hoped that the submission of material relating to the other aspects of medical gynaecology and urology will be encouraged. A journal with a broader title than the *British Journal of Venereal Diseases* is more likely to attract such papers. Several excellent journals concerned solely with renal medicine exist, and it is not proposed to accept papers on renal disease unless they are of relevance to the practice of genitourinary medicine. Clearly, there will be some overlap between the two disciplines, but the Editorial Committee will decide whether publication of a particular article in *Genitourinary Medicine* is appropriate or not.

As the scope of the specialty of genitourinary medicine has increased, it is felt that the abstracts section of *Genitourinary Medicine* should be expanded to include articles on related disciplines, which have not been covered previously in this section. This should be of value to physicians working in areas where library facilities are limited.

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